Application or	Docket Number
Δ.	ALC

Effective October 1, 2001											rf.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN -		
TOTAL CLAIMS			29				1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		MUMBER EXTRA			BASIC FEE	370.00	ОЯ	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=		OR	X\$18=	1/2.00
INE	EPENDENT C	LAIMS	3 minus 3 =		•			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	·	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		J	TOTAL	40%,20
CLAIMS AS AMENDED - PART II								TOTAL	L	JON	, IOIAL . OTHER	V-76-
2	205	(Column 1)		(Colur	m 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIÓNAL FEE
2	Total	•35	Minus	- 2	9	-6		X\$ 9=		OR	X\$18-	300.00
ME	Independent	• 5	Minus	*** (3	• 2_		X42>		OR	720 X84≤	40Q.O
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+1.40=.		OR	+280=	
•	7/25	75	• •	:			ا د	TOTAL VODIT, FEE		OR	TOTAL ADDIT FEE	100.00
		(Column 1)	•	(Colur		(Column 3)				•		
AMENDMENT B		CLAIMS RÉMAINING AFTER AMENDMENT		HIGH NUM PREVX PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
Ş	Total	. 34	Mirus		35	-0		X\$ 9=		OR	X\$10=	
	Independent	. 5	Minus	•••	5	-0	lt	X42=		OR	X84=	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	440				\
		•					L	+140= TOTAL		OR	- +280= TOTAL	7
							A	DOIT. FEE		OR	ADOTT. FEE	_}_
_		(Column 1)		(Colur		(Column 3)	ے ا					<u> </u>
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÈ
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		•		X42=			X84≈	
	FIRST PRESE	NTATION OF MU	ATIPLE DEF	ENDENT	CLAIM		╽┠			OR		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+140=		OR	+280=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE CR ADDIT. FEE ADDIT. FEE												
•	The Trighest Nurs	ber Proviously Pai	d For (Total or	Independe	ent) is the	highest number	r four	nd in the app	orapriste ba	in col	umn 1.	